

BALTIMORE RESEARCH AND EDUCATION FOUNDATION

Patient Payment Form

DATE:

Please prepare a check to the following study subject:

Name _____
Soc. Sec. No. _____
Address _____
City _ State _ Zip _____

Amount: \$

BREF account to be charged:

Visits covered by this check:

- Mail check to study subject
- Call me at _ when check is ready.

Date check is needed:

Principal Investigator _

Date 5/22/01

Authorization:

Date:

Complete form and e-mail to Shirley at shart002@umaryland.edu or print and deliver to me in room 3A-125.